



COMMUNITY DEVELOPMENT BLOCK GRANT QUARTERLY ACTIVITY REPORT

Agency Name:	Reporting Period: <i>(Dates)</i>	Date Prepared:
Program Name:	Target Population:	No. of <u>verified</u> CDBG-eligible clients served:
<p>Provide a brief summary of activities completed. Clearly delineate activities completed in collaboration with other agencies.</p>		
<p>Indicate what quantitative and qualitative outcomes the program has achieved.</p>		
<p>Describe outreach efforts used to maximize awareness of the program.</p>		
<p>Other Comments:</p>		
Signature and Title of Report Preparer:		Signature and Title of Authorized Official: